(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

Part I General Information

1 Name of experiences	 		I Foot to be a
1 Name of organization	To I EX HAMME	₹	Employer identification number
FRIENDS OF TE Mailing address (P.O. Box or number	D LECHOWIC.		36:4381381
2 Mailing address (P.O. Box or number 2 / 2 / / / / / / / / / / / / / / / /	er, street, and room or suite nu	imber)	
5316 W. ALTGI	ELD		
City or town, state, and ZIP code	1 11 20		
CHICAGO, IL	60639		···
3 E-mail address of organization			
NA_			
4a Name of custodian of records		odian's address	< 5 L
EDMUND LECHOW	7/CZ . 2 .3	316 W. ALT	GELD
	CA	HICAGO, IL	601.30
5a Name of contact person	Eh Conto	act person's address	
DAVID EPSTEIN			ST., SUITE 3400
DAVIO EPSIEIN	γ ; <i>2.</i> Q.	IX: KA SALLE.	91., 90116 9700
	C_{μ}	ticaso Ti	66601
6 Business address of organization (if	different from mailing address	shown above) Number street	and room or suite number
Submitted by the submit	different from maining address	Shown abovey. Number, Street,	and room or suite namper
City or town, state, and ZIP code	<u>.</u>		
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Part II Purpose			
7 Describe the purpose of the organization	ation		
TO SUPPORT THE	CANDIDACS	LOF TED	LECHOWILLA
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Part III List of All Related En	tities (see instructions)		
8a Name of related entity	8b Relationship	8c Address	
CITIZENS FOR	CONNECTED	<u> </u>	
	CONNECTED	5316 W. A	7LTGELD
TED LECHOWICZ	1		
		CHICAGO,	IL 60639
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or Paperwork Reduction Act Notice, se	e page 4.	Cat. No. 30405V	Form 8871 (7-2000)

Part IV List of 9a Name			
EDMUND L	ECHOWICZ	ORESIDENT	
]	5316 W. ALTGELD
			CHICAGO, IL 60639
DAVID EPS	TEIN	TREASURER	30 N. LA SALLE ST, SUITE 340
			CHICAGO, IL 60602
			-
•			
			
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Revenue Co	ulties of perjury, I declar ade, and that I have experience, and complete.	that the organization named in amined this notice, including acco	Part I is to be treated as an organization described in section 527 of the Internal impanying schedules and statements, and to the best of my knowledge and belief,
1	5/.		
Sign 🕽 📆	ature of authorized office	rial (7/27/00
Here P	or admortzed one		V Date
	-	❸	Form 8871 (7-2000)